

WESTON PARKS & RECREATION DEPT.
Mail: P.O. Box 1184 Tel. 222-2655

*****NEW LOCATION: CORNER OF RT. 57 & NORFIELD RD. (JARVIS HOUSE)**

SOARING EAGLE P.M. 1:00 – 3:00 - AFTERNOON PROGRAM - NEW THIS YEAR

ELIGIBILITY: Weston boys and girls presently in Kindergarten school year 2007 - 2008 through going into Grade 3 school year 2008- 2009.

DATES: Monday, June 23rd through Friday, July 25th, 2008 (Five Weeks). No camp on Thursday, July 3rd & Friday, July 4th - Town Holiday.

TIMES: 1:00 p.m. – 3:00 p.m. Monday – Friday.

LOCATION: Weston Middle School. Please drop off and pick up in rear of Weston Middle School.

ACTIVITIES: The afternoon will have three forty-minute programs. They are as follows:

1. *The Music In You:* The campers will have music games, camp songs and be exposed to recycled instruments, natural orchestra and sound mates.
2. *Let's Get Moving:* Campers will experience obstacle courses, milk carton hockey, parachute, balloon games and dancing.
3. *Cool Science:* Campers will experience slime, crystals, magnet, bubble-ology, finger printing, disappearing ink and other cool science.

STAFF: Long time Soaring Eagle Director, Carol Ireland and staff. Any questions, call Carol at 846-1121.

EQUIPMENT: Campers should bring an afternoon snack and cold beverage which may be stored in our refrigerators. Comfortable clothing and sneakers should be worn.

FEE: \$450.00, check payable to "Town of Weston". You must pay in full when registering.

REGISTRATION: Begins on Saturday, May 3rd at 10:15 a.m. – 12:00 p.m. in the new Recreation office location (see above) for the full five weeks. You may register your child plus one other. Beginning on **Monday, May 5th, if space is available, we will accept mailed registrations for the full five weeks.** **NOTE:** Camp limit is 35 children and minimum 20 for this p.m. program only. Please do not send forms/checks through teachers or school. All sign-ups must include a check for the full amount and the form below completely filled in. Please note the various dates above and if you have any questions regarding the registration procedure call the Recreation office. Carol will be at the registration to answer any questions you may have.

CHECKS MADE PAYABLE TO: "Town of Weston"
SOARING EAGLE P.M. AFTERNOON PROGRAM - REGISTRATION FORM 2008

Child's Name _____ Gr. in Sept. 08 _____ M/F _____

Address _____ Home phone _____

Cell phone _____ work phone _____

Doctor's name & phone # _____

Local emg. name & phone other than parents _____ Any physical or other problems director/counselors should be aware of? _____

I/We agree to hold harmless the Town of Weston, its agents and employees for any and all accidents, or injury or other claim, loss or damage incurred by my child while participating in the Soaring Eagle Day Camp.

Parent signature _____ Date _____

